



UNITED STATES MARINE CORPS
MARINE CORPS AIR STATION
BOX 99100
YUMA, ARIZONA 85369-9100

StaO 4790.13
3DF3
16 DEC 1998

STATION ORDER 4790.13

From: Commanding Officer
To: Distribution List

Subj: MAINTENANCE DEPARTMENT SAFETY PROGRAM

Ref: (a) OPNAVINST 5100.23D
(b) OPNAVINST 4790.2G
(c) MCO 5100.8E
(d) StaO P5100.4
(e) NAVAIR A1-NAOSH-SAF-000/P-5100-1
(f) 29 CFR 1900 thru 1910

Encl: (1) Monthly Safety Checklist
(2) Fire Drill Monitor Form
(3) Personnel Indoctrination Form
(4) Safety Violation Report

1. Purpose. Per references (a) and (b), the Maintenance Department Safety Program is established in order to achieve the highest possible degree of readiness through the preventing of all ground and aviation mishaps and the conservation of personnel and material assets through identification and elimination of hazards wherever they are found.

2. Background. Quality Assurance/Analysis (QA/A) is assigned the overall responsibility for this program. The intent of this program is to assist in the coordination of the overall safety effort of this Squadron by utilizing the information contained in references (a) through (f) and other directives as applicable. Effectiveness and safety result when properly trained personnel use properly designed equipment per established procedures under competent and persistent supervision. An outstanding safety program requires active participation by all personnel on a day-to-day basis in order to obtain desired results. The safety program must address the aviation and industrial aspects of safety. The Ground Safety Noncommissioned Officer (NCO) will assist the Maintenance Department Safety Program by conducting monthly safety surveys of all squadron areas. Results of these safety surveys are forwarded to responsible personnel for corrective action to be taken.

16 DEC 1990

3. Action

a. QA/A Division. The responsibilities of the QA/A Division include but are not limited to, responsibility for the following:

- (1) Disseminate appropriate safety poster and literature.
- (2) Report all hazards, mishaps, and unsafe practices in the department.
- (3) Conduct safety meetings within the department, at least once a month.
- (4) Coordinate with the Aviation Safety Officer (ASO).
- (5) Participate in Squadron safety surveys and standowns. The Monthly Safety Checklist, enclosure (1), will be utilized for monthly Department Safety survey.
- (6) Conduct Safety Program audits in conjunction with quarterly Work Center audits.
- (7) The Fire Drill Program Form, enclosure (2), will be utilized to evaluate fire drills conducted in the Maintenance Department.
- (8) Results of all safety audits, safety surveys and fire drills will be filed and retained by QA/A for a minimum of one year.
- (9) Collect data and provide material for preparing Mishap Investigation Reports.

b. Division Officer. Per reference (b) the responsibilities of the Division Officer include, but are not limited to, ensuring that personnel comply with all safety instructions required by this Program and other applicable directives.

c. Work Center Supervisor. The Work Center Supervisor is responsible for assisting QA/A in implementing the Department Safety Program. Responsibilities of the Work Center Supervisor include, but are not limited to, the following:

- (1) Display safety posters and literature.
- (2) Report all accidents and unsafe practices in the department per references (a) and (b).

16 DEC 1998

(3) Conduct safety training within the Work Center on a quarterly basis.

(4) Participate in safety survey and safety stand-downs.

(5) Use and promote practices which enhance safety while instilling proper regard for safety consideration in supervised personnel.

(6) Ensure that hearing and eye protection are available and utilized.

(7) Ensure that safety/flight boots are worn by all personnel performing aircraft maintenance, and boots are ordered in a timely manner to replace unserviceable boots.

(8) Submit a Supervisor's Accident Report Form, appendix D of reference (d), in every case of a ground mishap, whether or not significant injury or damage occurs.

(9) Ensure that hearing conservation requirements are being complied in accordance with paragraph 5 of this program.

(10) Ensure monthly Enlisted Safety Council meetings are attended by the Work Center Safety NCO, (Appointment in writing by QAO).

(11) Forward action taken on safety surveys to the Ground Safety Officer (GSO) with a copy to QA/A within five (5) days of an inspection.

(12) Ensure all jobs in the shop are carried out in a safe manner and stressing safety awareness to personnel.

(13) Ensure safety hazards or injuries are immediately reported to the GSO/NCO and QA/A.

(14) Ensure all newly assigned personnel know hazards, duties, and equipment used in the performance of their assigned work areas, utilizing enclosure (3) as a guide.

(15) Ensure enclosure (3) is entered into training jackets of newly assigned personnel no later than 30 days after arrival. Enclosure (3) will be placed into the **MISCELLANEOUS TRAINING** section of SNM's training jacket.

NOV 6 DEC 1998

d. Shop Safety NCO. The responsibilities of the safety NCO include, but are not limited to, the following:

- (1) Attend Enlisted Safety Council meetings.
- (2) Post minutes of Council meetings and newsletters.

e. All Hands. The responsibilities of all hands include, but are not limited to, the following:

(1) Instruct personnel in their charge on safety practices applicable to maintenance being performed.

(2) Enforce safety regulations.

(3) Act directly to eliminate all observed accident hazards existing within the squadron.

(4) Adhere to and observe safety standards and regulations which are established for the prevention of injury to persons and/or damage to property and equipment.

(5) Provide feedback when hazardous or potentially hazardous situations have been identified. This can be performed by submitting an Operational Hazard Report (OHR) or Anonymous Report located on the Safety Board in the hanger, or enclosure (4), routed to the QA/A Division.

4. Hearing Conservation

a. Noise safety surveys conducted by the Industrial Hygiene Office will be requested through GSO by QA/A in order to determine/update noise hazard areas throughout the squadron area. Results of the survey are to be conspicuously posted in applicable work center areas and all noise hazard areas are to be marked accordingly.

b. Audiograms are required for all personnel assigned to the SAR Division.

(1) Succeeding audiograms will be conducted annually and thereafter.

(2) Copies of audiograms will be retained in the Required Physicals section of an individual's training jacket.

18 DEC 1990

c. Hearing protection is required on the flightline at all times, and will be worn under the following circumstances:

(1) In the hanger, anytime motorized support equipment is in use.

(2) In the hanger when hanger doors are open and aircraft are turning on the adjoining line.

(3) When operating, or within 25 feet of any electrical or pneumatic power tool.

(4) When operating, or within 100 feet of any motorized support equipment.

(5) When adjacent aircraft are turning or within 100 feet of any turning aircraft.

d. Goggles are required to be utilized

(1) Anytime aircraft are turning or taxiing within 100 feet.

(2) When utilizing, supervising, or observing the use of chemicals (paint, solvents, lubrication, ect).

(3) Where particulate matter may be deflected into the eyes.

(4) While performing engine washes and aircraft washes.

(5) While operation equipment that presents splinter shaving or chip hazards.

(6) While participation in any fueling operations (fueling, defueling, or taking fuel samples).

5. Eyewash stations

a. Eyewash stations are located throughout the hanger and Hazardous Material (HAZMAT) area.

b. Search and Rescue has two type of eyewash stations.

(1) Fixed plumbing eyewash and shower station.

(2) Non-pressurized self-contained units.

StaO 4790.13

16 DEC 1998

(a) Level shall be checked daily. Unit shall be tested on a weekly basis.

(b) Unit shall be drained, flushed and refilled once every week. Thoroughly cleanse tank at least once every month.

(c) All maintenance shall be annotated on a card attached to the unit.

6. Foot Protection. Steel-toed safety boots or flight boots will be worn by all personnel that travel through foot hazard areas on a regular basis.

7. Respiratory Protection. See current Respiratory Protection Program.

8. Head Protection. At any time while working on an aircraft, if the feet are above the level of the cabin floor, head protection will be worn.


C. J. TURNER

DISTRIBUTION: SPL
SAR (10)

MONTHLY SAFETY CHECKLIST

Date _____

WORK CENTER

YES NO

1. Is the shop clean? _____
2. Are hazardous materials stored properly? _____
3. Are the electrical outlets/equipment safe? _____
4. Is the safety board current? _____
5. Is the Safety NCO Pri/Alt assigned? _____
6. Are there any unsafe maintenance practices (not wearing/utilizing proper Personnel Protective Equipment (PPE)/Safety equipment (SE) removing Foreign Object Debris (FOD) from themselves, removing rings, unnecessary jewelry, ect.) _____
7. Is safety training being conducted? _____
8. Are the eyewash stations adequate? _____
9. Is there an emergency exit plan posted and current? _____
10. Is there adequate fire fighting equipment? _____
11. Are there safety posters in the shop? _____
12. Is there adequate PPE (eyes/ears, gloves, respirators, ect.) _____

FLIGHT LINE

YES NO

1. Aircraft properly secured? _____
2. Support equipment properly secured? _____
3. Areas free of FOD? _____
4. Leaks by or under Aircraft/SE? _____
5. Fire Fighting Equipment readily accessable? _____

16 DEC 1998

6. Are personnel utilizing SE licensed? _____

HANGER**YES NO**

1. Aircraft properly secured (batteries disconnected, A/C grounded drippan underneath A/C, doors and cowlings closed)? _____

2. Panel, screws, or miscellaneous adrift? _____

3. Hydraulic lines capped? _____

4. Cleanliness of hanger? _____

5. Fire lanes clear? _____

6. Fuel/oil spills? _____

7. Flammables adrift? _____

8. Hanger door tracks clean? _____

9. Trash containers/dumpster areas clean/emptied? _____

Remarks:

Inspectors signature_____
AMO (if needed)

ENCLOSURE (1)

FIRE DRILL MONITOR FORM

Monitor: _____

Date/time _____

YES NO

- | | | |
|---|-------|-------|
| 1. Was the drill performed as prescribed in the Monthly Maintenance Plan? | _____ | _____ |
| 2. Was the alarm sounded properly? | _____ | _____ |
| 3. Were there any communication problems? | _____ | _____ |
| 4. Was assembly time sufficient? How long? | _____ | _____ |
| 5. Did the muster reflect that all personnel were present and/or accounted for? | _____ | _____ |
| 6. Were there any personal injuries caused as a result of this drill? | _____ | _____ |
| 7. Were any mock casualties discovered as a result of this drill? | _____ | _____ |
| 8. Were all work spaces properly secured? | _____ | _____ |
| 9. Were all fire stations manned by the primary or alternate designee? | _____ | _____ |
| 10. Were tools and support equipment properly secured? | _____ | _____ |

Remarks:

PERSONNEL INDOCTRINATION FORM

Name _____ Rank _____ SSN _____ Date _____

1. Flight Line Safety: Initials _____

a. Eye/ear protection requirements. _____

b. Entering/exiting under aircraft rotor arc. _____

c. Maintenance limitations on turning aircraft. _____

d. Foreign object damage. _____

e. Support Equipment used on aircraft. _____

2. General Work Center Safety: _____

a. Tool Control Program. _____

b. Hydraulic Contamination Control Program. _____

c. Work Center clean-ups. _____

d. Required reading. _____

e. Technical Training Jackets indoctrination. _____

(1) Need for filling out OJT. _____

(2) MAT/MET Syllabus indoctrination. _____

f. Remove FOD from self (pens, loose money, jewelry, rings, ect.). _____

3. Hazardous Materials: _____

a. Required reading of HAZMAT folder. _____

b. Material Safety Data Sheets. _____

c. Hazardous Material Right To Know. _____

d. Storage of HAZMATs. _____

e. Disposal of HAZMATs and rags. _____

StaO 4790.13

10 000 1990

f. Personnel Protective Equipment worn while
working/handling HAZMAT

Signature of newly assigned personnel _____ Date _____

Signature of NCOIC _____ Date _____

ENCLOSURE (3)

StaO 4790.13
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SAFETY VIOLATION REPORT

From: _____ Date _____
To: QA/A Division

1. Location of violation (circle one): Flight Line Hanger A/C

Other _____

2. Description (use reverse side if required).

3. Work Center NCOIC Action Taken/Recommendation.

4. QAO remarks (if required).

6. AMO remarks (if required).

ENCLOSURE (4)

